

**State of Utah - Labor Commission****Division of Adjudication**160 East 300 South, 3<sup>rd</sup> Floor, P.O. Box 146615

Salt Lake City, Utah 84114-6615

(801) 530-6800

laborcommission.utah.gov

**Note: PLEASE TYPE OR PRINT IN BLACK INK**

<p>_____</p> <p>Petitioner</p> <p>_____</p> <p>Name of Deceased Employee</p> <p><b>Vs.</b></p> <p>_____</p> <p>Respondent (employer)</p> <p>_____</p> <p>Respondent's mailing address</p> <p>_____</p> <p>City, State and Zip Code</p> <p>_____</p> <p>Respondent's phone number</p> <p>_____</p> <p>Respondent's workers' compensation insurance carrier</p>	<p><b>APPLICATION FOR DEPENDENT'S BENEFITS and/or BURIAL BENEFITS</b></p> <p><b>Industrial Accidents Claim</b></p> <p>(NOTE: Include all supporting documentation when this form is filed with the Labor Commission or the Application for Hearing may be returned.)</p> <p>I request to have a <b>Claims Resolution Conference</b> scheduled to resolve the issues checked below.</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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**PETITIONER UNDER TITLE 34A APPLIES FOR DEPENDENT'S BENEFITS and/or BURIAL ALLOWANCE, AND ALLEGES:**

1. That \_\_\_\_\_ (deceased employee) sustained a fatal injury by accident arising out of and in the course of deceased employee's employment with the above named employer on the following date:  
Month \_\_\_\_\_ Date \_\_\_\_ Year \_\_\_\_.
2. The accident occurred as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. The cause of death was: \_\_\_\_\_
4. The decedent's date of death was: Month \_\_\_\_\_ Date \_\_\_\_ Year \_\_\_\_.
5. At the time of the industrial accident at issue the decedent's wage was \$\_\_\_\_\_ per \_\_\_\_\_, and decedent was working \_\_\_\_\_ hours per week. Decedent was \_\_\_\_ was not \_\_\_\_ married and had \_\_\_\_\_ dependent children.

## APPLIATION FOR HEARING

6. The decedent had the following dependents at the time of the industrial accident at issue:

NAME	RELATIONSHIP	BIRTH DATE	PRESENT ADDRESS	SOCIAL SECURITY NUMBER

**Petitioner verifies that the above information is true and correct to the best of petitioner's information and belief.**

\_\_\_\_\_  
Printed Name of Attorney for Petitioner State Bar #

\_\_\_\_\_  
Signature of Attorney for Petitioner

\_\_\_\_\_  
Mailing Address for Attorney for Petitioner

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_(\_\_\_\_)  
Telephone Number

\_\_\_\_(\_\_\_\_)  
FAX E Mail Address

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address of Petitioner

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_(\_\_\_\_)  
Petitioner's Telephone Number

\_\_\_\_\_  
Petitioner's Social Security Number

**If you know the name and address of the adjuster or third party administrator that you have dealt with concerning your claim please include that information:**

\_\_\_\_\_  
**Name of adjuster or third party administrator**

\_\_\_\_\_  
**Mailing address for adjuster or third party administrator**

\_\_\_\_\_  
**City/State/Zip Code**

## **DOCUMENTS THAT MUST BE FILED WITH APPLICATION FOR HEARING**

***IMPORTANT: Failure to include completed and signed forms with all requested supporting documentation will result in the Application for Hearing being returned for completion. If the returned Application for Hearing is not completed and refiled with the requested supporting documents within sixty (60) days, the Application for Hearing will be dismissed.***

1. **Death Certificate of Decedent**
2. Marriage Certificate
3. Birth Certificates of Minor Dependents
4. Decree(s) of Divorce, if any, for Deceased and Surviving Spouse
5. Guardianship or Conservatorship Documents for Petitioner. (Only required if filing on behalf of minor children other than petitioner's own children.)
6. Form 152, "Appointment of Counsel." (Only required if petitioner is represented by an attorney.)